EDITORIAL ARTICLES.

THE DISCUSSION ON THE TREATMENT OF UTERINE FIBRO-MYOMATA AT THE RECENT FRENCH CONGRESS OF SURGERY.

At the Congress of French Surgeons, held at Paris in April last, one of the special topics set for discussion was the treatment of uterine fibro-myomata. Two considerations render the discussion of such a theme by this Congress especially significant. One, that the society to discuss it was one composed of general surgeons, thus indicating the sentiment among the French that the subject was one that should engage the attention of the general surgeon, and not be relegated to specialists or to obstetricians; second, that in the experience of those participating, and in those listening to the discussion, a very large material had been embraced, in estimating the value of which, the observers brought minds trained in the whole breadth of surgical endeavor. The subject was introduced by Koeberlé, of Strasburg, who, after speaking of the general benignancy of these neoplasms, proceeded to dwell upon numerous peculiarities in their development which may render them dangerous: such are the conditions depending upon the age of the patient, the seat of the tumor, its size, relations, degenerative changes, excessive hæmorrhages, etc. When we have to deal with encapsulated fibromata in the true pelvis, or when the tumor lies either intra-uterine or closely beneath the mucous membrane, causing frequent and profuse hæmorrhage, surgical interference is demanded, whatever may be the age of the patient. An operation is contraindicated, however, in the case of very large fixed tumors, not increasing in size, especially when the menopause is close at hand. In the case of fibromata seated at the fundus of the uterus an opera-

tion is rarely indicated, for life is not often endangered, and when intervention is necessary, in Koeberlé's opinion laparotomy gives the best results.

PÉAN, of Paris, discussing the so-called benign character of these tumors, said that he had often been unpleasantly surprised in practice to find how little the statements as to benignancy agreed with the facts.

"Statistics of recent operations do not argue in favor of those who hold that the menopause leads to spontaneous relief. In 250 operations

30	were from	20	to	30	years.
70	"	30	"	40	"
100	"	40	"	50	"
10	"	50	"	70	"

The menopause is really a critical age, and not a favorable one, as certain surgeons hold who seek thus to cover their lack of skill instead of making attempts at operative relief."

In a recent series of 300 cases, operated upon by Péan, in which removal of the growth through the vagina had been done (with 98 per cent. of success), the tumor had been recognized for periods varying between six months and twenty years, and a large proportion of the women had wasted their pecuniary resources in thermal and medical treatments, curettings, electric applications, massage or incomplete operations, such as the removal of one or two fibromata or a removal of ovaries and tubes. In some of these cases sarcomatous degeneration of the fibromata was found, in others epitheliomata coexisted; still others showed a cancerous ovarian disease. Besides these were many other complications, especially during pregnancy. Fibromata do, it is true, occur in virgins, which proves that pregnancy is not necessary for their development; but in many cases they cause various disorders of the genital system—vulvo-vaginismus, abortions, still-births, tubal pregnancies, not to speak of the modifications of the uterine coats due to the presence of the tumor, nor the dangers to mother and child which their presence causes, and which are dwelt upon at length in obstetrical works.

Uterine displacements are also common with dysmenorrhœa and other menstrual disorders as results. The uterus, ovaries, tubes and ligaments, too, are frequently the seat of grave inflammatory affections. Peritonitis, acute or subacute, had existed in a large number. Many similar cases and complications are given. The extreme views held by this noted surgeon may be given in his own words: "Fibromata of the body of the uterus, even when they are not very large, are dangerous tumors, frequently giving rise to dangerous complications. They ought to be operated upon as soon as they are recognized. The early removal of these tumors is attended with less danger than when the operation is deferred until a later period."

A series of papers were read at this session dealing with the various operations for the relief of patients suffering from various degrees of uterine fibro-myomata, and the indications for each were discussed at some length. BOUILLY (Paris), in a long paper upon the value of the removal of ovaries and tubes, says: "The treatment by the removal of the tumor directly seems most in favor, but, notwithstanding the perfection which the operative technique has reached, there is still danger. Conditions may also exist where the indirect treatment by tubo-ovarian castration is to be preferred.

The main indications for this are:

(1) Hæmorrhages, menorrhagic in character, with the usual menstrual flow prolonged, or dangerously increased, or with abnormal frequency, but still regular.

(2) Severe pain, either constant or paroxysmal, especially pain increased during menstruation.

(3) The operation is to be preferred when, owing to anæmia or cachexia, the woman is too feeble to stand the shock of the more prolonged and difficult operations.

In this class of selected cases the consensus of opinion was that the removal of ovaries and tubes gave extremely satisfactory results.

Vaginal hysterectomy, where the tumor had not attained great

size, or abdominal hysterectomy, where the tumor was at the fundus and of large size, are the preferable operations in other classes of fibromata. The results of many cases in the hands of the eminent surgeons present support these views.

In view of the furore excited a few years ago by the use of electricity in such cases by Apostoli, in Paris, by Englemann, in St. Louis, and their followers, the report read by BERGONIÉ and ANDRÉ BOURSIER of the results attained in 100 recent cases treated at the electro-therapeutic clinic, at Bordeaux, is interesting. The observations cover a period of eight years. The number of cases observed was more than 200. About 100 of these have not been included in this report as incomplete, or for other reasons. The treatment has been applied solely to cases where the uterus was myomatous, or to fibrous uterine tumors. Cysto-fibromata, fibrous polypi, or sub-peritoneal pediculated fibromata have not been included.

Technique.—The positive monopolar method is used; the carbon hysterometer connected with the positive pole introduced into uterus; large abdominal electrode negative. The current varied from 25 m A. to 150 m A.; the time of application has been ten minutes; antisepsis secured by the use of 1–4000 sublimate solution.

Results: In 100 cases fifty-four were of large fibromata; seven of these showed marked diminution in size; ninety of the cases were marked by hæmorrhages; in eighty-one of these this symptom has either ceased or has been improved by treatment; forty-one cases suffered much pain; in twenty-two of these the pain has diminished or has stopped. In sixty-three cases the general health has been improved. These facts show that: (*a*) Electric treatment given in this manner is especially efficacious in hæmorrhagic fibromata (90 per cent.); (*b*) that the general health is improved (79 per cent.); (*c*) pain is frequently relieved under its influence (50 per cent.); (*d*) that it rarely causes diminution in the size of the tumor (10 per cent.).

Among the various changes in technique which were advanced *the method of treating the uterine pedicle* advocated by CHAPUT (Paris) deserves mention.

"The treatment of the pedicle consists in three distinct steps:

"(1) Checking hæmorrhage.

"(2) Disinfection of the uterine canal.

"(3) The fixation of the pedicle behind the abdominal wall.

"The tumor is exposed, the broad ligaments cut between clamps and a rubber ligature passed around the base of the tumor and clamped fast. The tumor is cut off an inch or so above this ligature, and the pedicle held in view by heavy clamps placed behind it. I have made the interesting observation that the arteries of the pedicle are seated nearly always close to the periphery. A row of wide convex-toothed clamps are placed around the free edge, and the bleeding is practically checked. The pedicle is treated just like a stump after an amputation. The relaxing of the rubber permits bleeding points to be seen and noted, and the rubber is again made fast. About each vessel the surgeon makes a rectangular incision about 1 cm. deep. The prism of tissue thus made, and which contains a vessel in its centre, is then seized with heavy, broad clamps, drawn out and ligated with heavy silk.

"When the central vessels are all tied the peripheral vessels are tied similarly by cutting on either side of the clamp longitudinally, so that a bit of uterine tissue containing the vessel is liberated. This is tied with silk as above.

"(2) One should not proceed to the disinfection of the canal until after the rubber ligature is removed. Then the thermo-cautery is used thoroughly on the walls, followed by tincture of iodine applied on small cotton tampons. Then a 10 per cent. chloride of zinc solution is used, and finally a strip of iodoform gauze extending freely into the vagina, but cut close on the peritoneal side of the pedicle.

"The entire surface of the pedicle is then well painted with tincture of iodine.

"(3) The last step in the operation consists in passing a ligature across and through the pedicle behind, and the two ends then are used to suture through the abdominal wall. At the lower end of the

abdominal incision a strip of iodoform gauze is placed reaching down to the pedicle.

"This fixation behind the parieties has many advantages. In the first place it prevents the pedicle from falling back, and possibly causing intestinal obstruction (Treub). Secondly, it adheres quickly to the wall, and if infection occurs through the vagina it is rapidly shut off by adhesions, and the pus drained away by means of the iodoform gauze. Finally, in case of bleeding the iodoform gauze acts as a hæmostatic.

"The operation is simple, quickly and easily performed, and gives the greatest chance for recovery."

RICHELOT ON THE OPERATIVE TECHNIQUE OF VAGINAL HYSTERECTOMY.

In the June and July numbers of the *Archives Générales de Medécine* G. Richelot (Professeur agrégé à la Faculté, Chirurgien de l'Hôpital Saint-Louis), writes upon the "Operative Technique of Vaginal Hysterectomy." M. Richelot bases his article upon the personal experience acquired in 225 operations of this nature, in which he had eleven deaths, operations made, as the writer says, "under the most varied and dangerous conditions, having never declined to operate when there seemed a chance of recovery for the patient." He is thus able, in describing his personal method, to present all phases of the operation.

Few instruments are necessary, and these are very simple. Assorted sizes of retractors, from 6 to 12 cm. long (2½ to 4 inches) and 2 to 4 cm. wide (¾ to 1½ inches); long and short straight bistouries; long uterine scissors curved on the flat; several toothed, straight and curved traction forceps; a score of ordinary artery clamps, and a dozen somewhat longer (6½ inches) hæmostatic clamps, eight of them with straight blades and four with curved ones. These are for the broad ligaments. Two or four straight bladed ones are frequently sufficient; the others may be needed temporarily. The curved ones